

## DECLARATION FOR PATENT APPLICATION

Docket Number (Optional)

POSSIS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM, the specification of which

is attached hereto unless the following box is checked:

was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

Yes  No

(Number) \_\_\_\_\_ (Country) \_\_\_\_\_ (Day/Month/Year Filed) \_\_\_\_\_

Yes  No

(Number) \_\_\_\_\_ (Country) \_\_\_\_\_ (Day/Month/Year Filed) \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number) \_\_\_\_\_ (Filing Date) \_\_\_\_\_

(Application Number) \_\_\_\_\_ (Filing Date) \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status -- patented, pending, abandoned) \_\_\_\_\_

(Application Number) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status -- patented, pending, abandoned) \_\_\_\_\_

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Hugh D. Jaeger, Reg. No. 27,270

Address all telephone calls to Hugh D. Jaeger at telephone number 612-475-1880  
Address all correspondence to Hugh D. Jaeger 612-475-2930 FAX  
1000 Superior Blvd., Suite 302  
Wayzata, MN 55391-1873

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Michael J. Bonnette

Inventor's signature Michael J. Bonnette Date 10-11-99

Residence \_\_\_\_\_ Minneapolis, MN 55408 Citizenship \_\_\_\_\_ US

Post Office Address \_\_\_\_\_ 2733 2nd Avenue South

Minneapolis, MN 55408

Full name of second joint inventor, if any (given name, family name) John Edward Morris, Ph.D.

Second Inventor's signature John E. Morris Date 10/12/99

Residence \_\_\_\_\_ Minneapolis, MN 55405 Citizenship \_\_\_\_\_ US

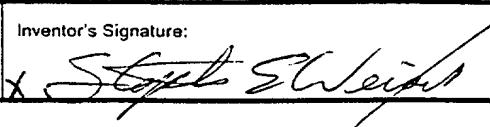
Post Office Address \_\_\_\_\_ 44 Sheridan Avenue South

Minneapolis, MN 55405

Additional inventors are being named on separately numbered sheets attached hereto.

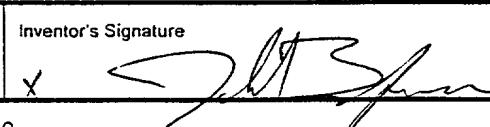
## PATENT

DECLARATION  
FOR PATENT APPLICATIONADDITIONAL INVENTOR(S)  
Supplemental SheetAttorney Docket:  
POSSISName of Additional Joint Inventor, if any:  A petition has been filed for this "unsigned" inventor

Full name of additional inventor (given name, middle initial, family name): Steven E. Wiesel	Inventor's Signature: 	Date: X 10-11-1999
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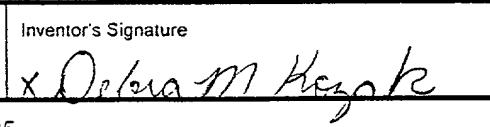
Residence (city, state, country): Montrose, MN 55363	Citizenship: US
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Post Office Address (street, city, state, zip, country): 130 Center Avenue North  
Montrose, MN 55363Name of Additional Joint Inventor, if any:  A petition has been filed for this "unsigned" inventor

Full name of additional inventor (given name, middle initial, family name): John B. Bridgeman	Inventor's Signature: 	Date: X 10-11-99
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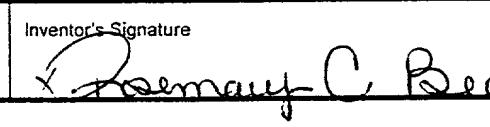
Residence (city, state, country): Minneapolis, MN 55409	Citizenship: US
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Post Office Address (street, city, state, zip, country): 4922 Aldrich Avenue North  
Minneapolis, MN 55409Name of Additional Joint Inventor, if any:  A petition has been filed for this "unsigned" inventor

Full name of additional inventor (given name, middle initial, family name): Debra M. Kozak	Inventor's Signature: 	Date: X 10-11-99
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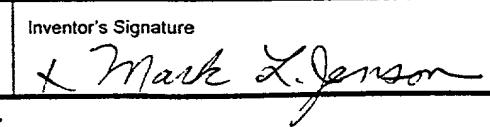
Residence (city, state, country): Forest Lake, MN 55025	Citizenship: US
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Post Office Address (street, city, state, zip, country): 6377 184th Avenue North  
Forest Lake, MN 55025Name of Additional Joint Inventor, if any:  A petition has been filed for this "unsigned" inventor

Full name of additional inventor (given name, middle initial, family name): Rosemary C. Beaupre	Inventor's Signature: 	Date: X 10-11-99
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Residence (city, state, country): Lino Lake, MN 55014	Citizenship: US
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Post Office Address (street, city, state, zip, country): 7175 Grey Squirrel Road  
Lino Lakes, MN 55014Name of Additional Joint Inventor, if any:  A petition has been filed for this "unsigned" inventor

Full name of additional inventor (given name, middle initial, family name): Mark L. Jenson	Inventor's Signature: 	Date: X 11 Oct 99
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Residence (city, state, country): Greenville, MN 55357	Citizenship: US
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Post Office Address (street, city, state, zip, country): 4990 71st Lane North  
Greenville, MN 55357 Additional inventors are being named on separately numbered sheets attached hereto.

## PATENT

<b>DECLARATION FOR PATENT APPLICATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>	<b>Attorney Docket: POSSIS</b>
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this "unsigned" inventor			
Full name of additional inventor (given name, middle initial, family name):  Cindy M. Setum, Ph.D.	Inventor's Signature:  <i>X Cindy M. Setum</i>	Date:  <i>11 Oct 99</i>	
Residence (city, state, country):  Plymouth, MN 55447	Citizenship: US		
Post Office Address (street, city, state, zip, country):  17410 29th Avenue North Plymouth, MN 55447			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this "unsigned" inventor			
Full name of additional inventor (given name, middle initial, family name):  Robert C. Dutcher	Inventor's Signature:  <i>X Robert C. Dutcher</i>	Date:  <i>11 Oct 99</i>	
Residence (city, state, country):  Maple Grove, MN 55369	Citizenship: US		
Post Office Address (street, city, state, zip, country):  14178 88th Place North Maple Grove, MN 55369			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this "unsigned" inventor			
Full name of additional inventor (given name, middle initial, family name):  	Inventor's Signature	Date:	
Residence (city, state, country):  	Citizenship:		
Post Office Address (street, city, state, zip, country):  			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this "unsigned" inventor			
Full name of additional inventor (given name, middle initial, family name):  	Inventor's Signature	Date:	
Residence (city, state, country):  	Citizenship:		
Post Office Address (street, city, state, zip, country):  			

Additional inventors are being named on separately numbered sheets attached hereto.

## PATENT

ASSIGNMENT OF INVENTION (MULTIPLE INVENTORS)	For U.S. and/or Foreign Rights For U.S. Application	Attorney Docket: POSSIS
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In consideration of the payment by ASSIGNEE(s) to ASSIGNOR(s) of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration, the undersigned ASSIGNORS (inventors) hereby sell, assign and transfer to ASSIGNEE:

Assignee: Possis Medical, Inc.	Address: 9055 Evergreen Blvd., N.W. Minneapolis, MN 55433	Nationality US
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and the successors, assigns and legal representatives of the ASSIGNEE the entire right, title and interest for the United States and its territorial possessions, and in all foreign countries, including all rights to claim priority in and to any and all improvements which are disclosed in the invention entitled:

## CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM

and which is found in

- (a) \_\_\_\_\_ U.S. patent application executed on even date herewith;
- (b) \_\_\_\_\_ U.S. patent application executed on \_\_\_\_\_;
- (c) \_\_\_\_\_ U.S. application Serial No. \_\_\_\_\_ / \_\_\_\_\_;
- (d) \_\_\_\_\_ U.S. Patent No. \_\_\_\_\_ issued \_\_\_\_\_.
- (e)  and any legal equivalent thereof in a foreign country, including the right to claim priority;

and, to, all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to Letters Patent any re-issue or re-examination thereof.

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this Assignment;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

ASSIGNORS (inventors)	SIGNATURE	ADDRESS	NATIONALITY	DATE
1 Michael J. Bonnette	<i>X Michael Bonnette</i>	2733 2nd Avenue South Minneapolis, MN 55408	US	<i>X 10-11-99</i>
2 John Edward Morris, Ph.D.	<i>X John E Morris</i>	44 Sheridan Avenue South Minneapolis, MN 55405	US	<i>X 10/12/99</i>
3 Steven E. Wiesel	<i>X Steven E Wiesel</i>	130 Center Avenue North Montrose, MN 55363	US	<i>X 10-11-1999</i>
4 John B. Bridgeman	<i>X John B Bridgeman</i>	4922 Aldrich Avenue South Minneapolis, MN 55409	US	<i>X 10-11-99</i>
5 Debra M. Kozak	<i>X Debra M. Kozak</i>	6377 184th Avenue North Forest Lake, MN 55025	US	<i>X 10-11-99</i>
6 Rosemary C. Beaupre	<i>X Rosemary C Beaupre</i>	7175 Grey Squirrel Road Lino Lakes, MN 55014	US	<i>X 10-11-99</i>
7 Mark L. Jenson	<i>X Mark L. Jenson</i>	4990 71st Lane North Greenville, MN 55357	US	<i>X 11 Oct 99</i>
8 Cindy M. Setum, Ph.D.	<i>X Cindy M. Setum</i>	17410 29th Avenue North Plymouth, MN 55447	US	<i>X 11 Oct 99</i>
9 Robert C. Dutcher	<i>X Robert C. Dutcher</i>	14178 88th Place North Maple Grove, MN 55369	US	<i>X 11 Oct 99</i>

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN

Docket Number (Optional)

POSSIS

Applicant or Patentee: Bonnette, et al.

Serial or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_  
Title: CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM

I hereby declare that I am

the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Possis Medical, Inc.  
 ADDRESS OF SMALL BUSINESS CONCERN 9055 Evergreen Blvd., N.W.  
Minneapolis, MN 55433

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

the specification filed herewith with title as listed above.  
 the application identified above.  
 the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(e) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.  
 each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Robert G DutcherTITLE OF PERSON IF OTHER THAN OWNER President & CEOADDRESS OF PERSON SIGNING 14178 88th Place N, Minneapolis, MN 55369SIGNATURE X Robert G Dutcher DATE X 11 Oct 99